

FILED APR 3 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011964

STATE FILE NUMBER

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 55

300
-57

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Sikeston TOWN		c. CITY OR TOWN East Prairie Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp.		d. STREET ADDRESS 701 Marlin	
Length of stay in lb 5 Days		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First DAVID	Middle LEE	Last DESCHAMP	4. DATE OF DEATH	Month 3	Day 17	Year 1959
-------------------------------------	--------------------	-------------------	----------------------	------------------	----------------	---------------	------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH, Mar 12-59	9. AGE (In years last birthday)	FUNDER 1 YEAR Months 3 Days 5	IF UNDER 24 HRS. Hours 0 Min. 0
--------------------	-------------------------------	---	------------------------------------	---------------------------------	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Sikeston Mo	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	---	---

13a. FATHER'S NAME James Deschamp	13b. MOTHER'S MAIDEN NAME Bonnie Lee	14. NAME OF HUSBAND OR WIFE James L Deschamp
--	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT James L Deschamp Address East Prairie Mo
---	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Aspiration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atelectasis of Newborn DUE TO (c) 7620		INTERVAL BETWEEN ONSET AND DEATH Six weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
---	---	--	------------------------------	--------	-------

21. I attended the deceased from Birth to 3-17-59 and last saw her alive on 3-17-59 Death occurred at 10:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. J. Watkins (Degree or title)	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 3/20/59
---	-----------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3-18-59	23c. NAME OF CEMETERY OR CREMATORY W.O. W.	23d. LOCATION (City, town, or county) East Prairie, Mo. (State)
---	--------------------------	---	--

24. FUNERAL DIRECTOR Clavis Shelby, East Prairie, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. 3-27-59	26. REGISTRAR'S SIGNATURE Mrs. Ellen Hunter
--	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4940

P. O. Address East Passaic

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.